

Cont

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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |              |                                    |               |            | Application or Docket Number<br><b>10/518597</b> |                |                               |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------|------------------------------------|---------------|------------|--------------------------------------------------|----------------|-------------------------------|----------------|
| Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |              |                                    |               |            |                                                  |                |                               |                |
| <b>CLAIMS AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |              |                                    |               |            |                                                  |                |                               |                |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                 | (Column 2)   |                                    | SMALL ENTITY  |            | OR<br>OTHER THAN SMALL ENTITY                    |                |                               |                |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                                    | NUMBER EXTRA |                                    | RATE          | FEE        | RATE                                             | FEE            |                               |                |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                 |              |                                    |               | \$ _____   |                                                  | \$ _____       |                               |                |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                                                                                                     | minus 20 =                                                      | *            |                                    | X \$ _____ =  |            | X \$ _____ =                                     |                |                               |                |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                                                                                                                                                                               | minus 3 =                                                       | *            |                                    | X \$ _____ =  |            | X \$ _____ =                                     |                |                               |                |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |              |                                    | + \$ _____ =  |            | + \$ _____ =                                     |                |                               |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |              |                                    | TOTAL         |            | TOTAL                                            |                |                               |                |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                                                                 |              |                                    |               |            |                                                  |                |                               |                |
| <b>CLAIMS AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                 |              |                                    |               |            |                                                  |                |                               |                |
| <b>AMENDMENT A</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | (Column 1)                                                      |              | (Column 2)                         |               | (Column 3) |                                                  | SMALL ENTITY   | OR<br>OTHER THAN SMALL ENTITY |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | CLAIMS REMAINING AFTER AMENDMENT                                |              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            | RATE                                             | ADDITIONAL FEE | RATE                          | ADDITIONAL FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total<br>(37 CFR 1.16(c))                                       | *            | Minus                              | **            |            | X \$ _____ =                                     |                | X \$ _____ =                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent<br>(37 CFR 1.16(b))                                 | *            | Minus                              | ***           |            | X \$ _____ =                                     |                | X \$ _____ =                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |              |                                    |               |            |                                                  | + \$ _____ =   |                               | + \$ _____ =   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |              |                                    |               |            | TOTAL ADD'L FEE                                  |                | TOTAL ADD'L FEE               |                |
| <b>AMENDMENT B</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | (Column 1)                                                      |              | (Column 2)                         |               | (Column 3) |                                                  | SMALL ENTITY   | OR<br>OTHER THAN SMALL ENTITY |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | CLAIMS REMAINING AFTER AMENDMENT                                |              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            | RATE                                             | ADDITIONAL FEE | RATE                          | ADDITIONAL FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total<br>(37 CFR 1.16(c))                                       | *            | Minus                              | **            |            | X \$ _____ =                                     |                | X \$ _____ =                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent<br>(37 CFR 1.16(b))                                 | *            | Minus                              | ***           |            | X \$ _____ =                                     |                | X \$ _____ =                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |              |                                    |               |            |                                                  | + \$ _____ =   |                               | + \$ _____ =   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |              |                                    |               |            | TOTAL ADD'L FEE                                  |                | TOTAL ADD'L FEE               |                |
| <b>AMENDMENT C</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | (Column 1)                                                      |              | (Column 2)                         |               | (Column 3) |                                                  | SMALL ENTITY   | OR<br>OTHER THAN SMALL ENTITY |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | CLAIMS REMAINING AFTER AMENDMENT                                |              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |            | RATE                                             | ADDITIONAL FEE | RATE                          | ADDITIONAL FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total<br>(37 CFR 1.16(c))                                       | *            | Minus                              | **            |            | X \$ _____ =                                     |                | X \$ _____ =                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent<br>(37 CFR 1.16(b))                                 | *            | Minus                              | ***           |            | X \$ _____ =                                     |                | X \$ _____ =                  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |              |                                    |               |            |                                                  | + \$ _____ =   |                               | + \$ _____ =   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                 |              |                                    |               |            | TOTAL ADD'L FEE                                  |                | TOTAL ADD'L FEE               |                |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                 |              |                                    |               |            |                                                  |                |                               |                |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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